

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL AVE.  
PIERRE, S.D. 57501  
(605)773-4845  
FAX (605)773-4550

**CERTIFICATE OF CANCELLATION  
OF THE  
CERTIFICATE OF LIMITED PARTNERSHIP**

**FILING FEE: \$100**

The undersigned, on behalf of the limited partnership named below, hereby certifies that:

1. The name of the limited partnership is: \_\_\_\_\_
2. The date of filing the certificate is: \_\_\_\_\_
3. The effective date of cancellation if it is not to be effective upon filing of the certificate is: \_\_\_\_\_
4. The reason for filing the certificate of cancellation:
5. Any other information the general partners filing the certificate determine.
6. The undersigned are all of the general partners of the limited partnership

Dated: \_\_\_\_\_

\_\_\_\_\_  
(General Partner)

\_\_\_\_\_  
(General Partner)

\_\_\_\_\_  
(General Partner)

The certificate of cancellation must be signed by all general partners

Submit one original and one exact or conformed copy.

domesticlpcancellation July 2005